

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Howard  
Township Mountain  
City..... (No.....).....

Registration District No. 378  
Primary Registration District No. 5532

File No. 31119  
Registered No. 73  
St..... Ward.....

**2. FULL NAME**

Mary W Hawkins

(a) Residence. No..... St.,..... Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female white Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22-1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
73 0 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... At Home  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Howard Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Theory Hawkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Callaway Co

12. MAIDEN NAME OF MOTHER Lavinia Shreede

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Co Mo

14. INFORMANT Mrs. Helen Barry  
(Address) Fayette Mo

15. FILED 9-6 1931 J. C. Bonham  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-5 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-15 1931, to 9-5 1931, that I last saw her alive on 9-4 1931, and that death occurred, on the date stated above, at 4:20 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Indurated Heart  
Chronic Hypertension with  
decompensation.  
(duration) yrs. 1 mos. ds.

CONTRIBUTORY Chronic Hypertension  
(SECONDARY)  
(duration) yrs. 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 92<sup>nd</sup>  
IF NOT AT PLACE OF DEATH 95<sup>th</sup>

19. DID AN OPERATION PRECEDE DEATH? No DATE OF 10-2

20. WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) W. Bloom, M. D.  
9-6 1931 (Address) Fayette Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hawkins Cemetery DATE OF BURIAL 9-6 1931

20. UNDERTAKER Ed. Duncan New Franklin Mo  
ADDRESS

SEP 22 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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